

2005 CARE Program Measures

Type of Measure		CARE Level I	CARE Level II	Central Program
Performance Measures (more for external parties)	Program objective: Reduce toxics (toxics from all sources)	1a (for Level I communities) — Amount of toxics reductions and associated benefits, aggregated as possible	1b (for Level II communities) — Amount of toxics reductions and associated benefits, aggregated as possible	1c (in aggregate) — Amount of toxics reductions and associated benefits, aggregated as possible
	Program objective: Create or enhance existing self-sustaining, community-based partnerships	2 —Number and percentage of recipient stakeholder groups (out of the total number) that obtained consensus on priority toxics concerns by end of CARE I CA 3 — Number of CARE I communities that apply for CARE Level II CAs 4a (for Level I communities) — Resource (dollar and other) contributions from other organizations	4b (for Level II communities) —Resource (dollar and other) contributions from other organizations 5 — Amount of money CARE communities raise (including non-CARE EPA money) after cessation of CARE grant funds 6 —Number of partnerships existing after the cessation of CARE funding	4c (in aggregate) —Resource (dollar and other) contributions from other organizations
Program Management Measures (more for internal management)		7 —Number and percentage of CARE I communities that form or focus broad, results-oriented, collaborative, multi-stakeholder partnerships to address toxics within 18 months	8 —Number and percentage of recipient stakeholder groups that reach consensus and produce a set of priority actions based upon their priority toxics concerns within 9 months of receiving CARE II CA 9 —Number and percentage of CARE communities that implement at least one voluntary program by end of two-year CA 10 —Total number of voluntary programs adopted by CARE communities by voluntary program implemented 11 — Number and percentage of communities meeting their milestones to achieve sustainability, as outlined in workplan 12 —Number and percentage of priority action targets reached in aggregate across CARE projects	13 —Number of organizations partnering with CARE communities (in addition to EPA) 14 —Annual number of CARE applications received 15 —Level of interest in the program (as a measure of whether CARE is reaching possible future applicants) as tracked through the number of website downloads and hits, calls to CARE 1-800 number, and number of applications submitted)

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EPA Program Feedback Measures		16 —Total number of uses of toxic awareness raising and analytical risk screening and assessment tools during two-year period by tool (e.g., TRI, NATA, RESI, etc.)	17 — Total number of EPA voluntary programs implemented by CARE communities by end of two-year CA 18 —Total number of non-voluntary-program toxics reduction efforts communities undertake to achieve results, by type (e.g., local ordinances, compliance)	19 —Extent to which EPA programs address CARE community priorities, assessed by comparing CARE community priority concerns to available EPA programs and services and expressed in terms of the number of and percentage of priority concerns for which there is an EPA program
Program Evaluation Measures	To be assessed through periodic program evaluation		<ul style="list-style-type: none"> • Perception of CARE communities as to whether they have achieved real toxics reductions through CARE • Through their priority actions, CARE Communities contribute to improved quality of life within their communities (e.g., improved human health, economic activity, community pride, enhanced social capital, etc.) • EPA and other organizations produce more effective environmental results in communities, beyond direct results generated by CARE CAs, because of their experiences with CARE 	<ul style="list-style-type: none"> • EPA and other organizations become more aware of how to and improve delivery of environmental services (e.g., voluntary programs, screening and assessment tools, technical services) as appropriate to better meet needs of CARE communities • Other organizations (beyond EPA) (e.g., foundations) become more informed regarding how to work effectively in overburdened communities • EPA and other organizations use CARE lessons learned to develop and implement more effective neighborhood and community environmental programs and policies
	Ongoing CARE evaluation	To demonstrate the effectiveness of CARE, EPA will contract with an independent third party to compare the results of communities that receive CARE grants with the environmental and other outcomes from other communities that do not receive the CARE grants, but are involved in existing EPA community programs (i.e., communities that have received grants to create stakeholder groups to analyze toxic issues or develop monitoring programs for communities but are not provided EPA funds to implement programs to reduce toxics, and communities that receive EPA grants to implement single media programs but do not look at the broad range of toxics in a community). A number of factors will be considered in the comparison, including environmental results, environmental education, the ability of the community to form a collaborative stakeholder group focused on environmental issues, the ability of the group to function successfully and become self-sustaining, and resources leveraged by the community.		